

U.S. ENVIRONMENTAL PROTECTION AGENCY

## NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

**INSTRUCTIONS:** If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

INSTALLATION'S EPA I.D. NO.

NJT000009142

I. NAME OF INSTALLATION

SCIENTIFIC CHEM PROCESSING INC

II. INSTALLATION MAILING ADDRESS

411 Wilson Ave  
Newark, NJ 07105

III. LOCATION OF INSTALLATION

411 WILSON AVE  
NEWARK, NJ 07105

## FOR OFFICIAL USE ONLY

COMMENTS

INSTALLATION'S EPA I.D. NUMBER

APPROVED

DATE RECEIVED  
(yr., mo., & day)

NJT000009142

T/A C

31

800818

I. NAME OF INSTALLATION

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

411 WILSON AVE

CITY OR TOWN

NEWARK

ST.

ZIP CODE

NJ

07105

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

216 PATERSON PLANK ROAD

CITY OR TOWN

CARLSTADT

ST.

ZIP CODE

NJ

07072

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, &amp; job title)

PHONE NO. (area code &amp; no.)

HERBERT G CASE JR

201-589-7777

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

SCIENTIFIC CHEMICAL PROCESSING INC

B. TYPE OF OWNERSHIP  
(enter the appropriate letter into box)

M

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

F = FEDERAL  
M = NON-FEDERAL☒ A. GENERATION☒ B. TRANSPORTATION (complete item VII)☒ C. TREAT/STORE/DISPOSE☐ D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR☐ B. RAIL☒ C. HIGHWAY☐ D. WATER☐ E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

☐ A. FIRST NOTIFICATION☒ B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.

NJT000009142

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.



WU3T000009142 2-1  
 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15

**IX. DESCRIPTION OF HAZARDOUS WASTES** (continued from front)

**A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES.** Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1 F003 23 - 26	2 F005 23 - 26	3 F017 23 - 26	4 23 - 26	5 23 - 26	6 23 - 26
7 23 - 26	8 23 - 26	9 23 - 26	10 23 - 26	11 23 - 26	12 23 - 26

**B. HAZARDOUS WASTES FROM SPECIFIC SOURCES.** Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13 K078 23 - 26	14 K022 23 - 26	15 K086 23 - 26	16 23 - 26	17 23 - 26	18 23 - 26
19 23 - 26	20 23 - 26	21 23 - 26	22 23 - 26	23 23 - 26	24 23 - 26
25 23 - 26	26 23 - 26	27 23 - 26	28 23 - 26	29 23 - 26	30 23 - 26

**C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES.** Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31 U002 23 - 26	32 U004 23 - 26	33 U031 23 - 26	34 U112 23 - 26	35 U140 23 - 26	36 U154 23 - 26
37 U159 23 - 26	38 U161 23 - 26	39 U220 23 - 26	40 U239 23 - 26	41 U188 23 - 26	42 23 - 26
43 23 - 26	44 23 - 26	45 23 - 26	46 23 - 26	47 23 - 26	48 23 - 26

**D. LISTED INFECTIOUS WASTES.** Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49 23 - 26	50 23 - 26	51 23 - 26	52 23 - 26	53 23 - 26	54 23 - 26
---------------	---------------	---------------	---------------	---------------	---------------

**E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES.** Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☒ 1. IGNITABLE  
(D001)

☒ 2. CORROSIVE  
(D002)

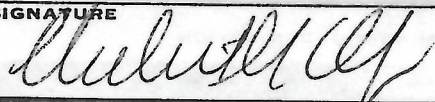
☐ 3. REACTIVE  
(D003)

☐ 4. TOXIC  
(D000)

**X. CERTIFICATION**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE



NAME &amp; OFFICIAL TITLE (type or print)

Herbert G. Case Vice President

DATE SIGNED

8-14-80





FORM <b>1</b> GENERAL	ENVIRONMENTAL PROTECTION AGENCY <b>GENERAL INFORMATION</b> Consolidated Permits Program (Read the "General Instructions" before starting.)	I. EPA I.D. NUMBER <div style="border: 1px solid black; padding: 2px;">           FN J T O 0 0 0 0 9 1 1 2 3 D         </div>
LABEL ITEMS I. EPA I.D. NUMBER III. FACILITY NAME V. FACILITY MAILING ADDRESS VI. FACILITY LOCATION  <b>PLEASE PLACE LABEL IN THIS SPACE</b>		GENERAL INSTRUCTIONS If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

II. POLLUTANT CHARACTERISTICS INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.											
SPECIFIC QUESTIONS	MARK 'X'			SPECIFIC QUESTIONS	MARK 'X'						
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED				
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X					
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		X		D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X					
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X			F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X					
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X					
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X					

III. NAME OF FACILITY	
C 1	SKIP SCIENTIFIC CHEMICAL PROCESSING, INC.

IV. FACILITY CONTACT	
A. NAME & TITLE (last, first, & title) C 2 LING, CARL W. PRESIDENT	B. PHONE (area code & no.) 201 747 8886

V. FACILITY MAILING ADDRESS			
A. STREET OR P.O. BOX C 3 411 WILSON AVE.			
B. CITY OR TOWN C 4 NEWARK		C. STATE NJ	D. ZIP CODE 07105

VI. FACILITY LOCATION					
A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER C 5 216 PATERSON PLANK ROAD					
B. COUNTY NAME BERGEN					
C. CITY OR TOWN C 6 CARLSTADT		D. STATE NJ	E. ZIP CODE 07072	F. COUNTY CODE (if known)	



CONTINUED FROM THE FRONT

## VII. SIC CODES (4-digit, in order of priority)

A. FIRST										B. SECOND									
7	2	8	6	9	(specify) Spent non-halogenated solvent	7	2	8	2	1	(specify) Spent non-halogenated solvent								
C. THIRD										D. FOURTH									
7	2	8	5	1	(specify) Paint residues from industrial painting	7	2	8	5	1	(specify)								

## VIII. OPERATOR INFORMATION

A. NAME										B. Is the name listed in Item VIII-A also the owner?									
SCIENTIFIC CHEMICAL PROCESSING INC,										<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO									
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)										D. PHONE (area code & no.)									
F = FEDERAL S = STATE P = PRIVATE M = PUBLIC (other than federal or state) O = OTHER (specify)										201 747 8886									
E. STREET OR P.O. BOX																			
411 WILSON AVENUE																			
F. CITY OR TOWN										G. STATE									
NEWARK										NJ									
										H. ZIP CODE									
										07072									
										IX. INDIAN LAND									
										Is the facility located on Indian lands?									
										<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO									

## X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)										D. PSD (Air Emissions from Proposed Sources)									
9 N										9 P									
B. UIC (Underground Injection of Fluids)										E. OTHER (specify)									
9 U										(specify)									
C. RCRA (Hazardous Wastes)										E. OTHER (specify)									
9 R										CT-39817 (specify) NJDEP AIR									

## XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements. F9: A/50

## XII. NATURE OF BUSINESS (provide a brief description)

Scientific Chemical Processing Inc. is a resource recovery company operating at two locations, Newark, N.J. and Carlstadt, N.J. Used or contaminated non-halogenated solvents are recovered by chemical processing. These reclaimed products are either returned to the generators or sold. Some of these recovered products are sometimes sold as fuels.

F9: A/51

## XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)										B. SIGNATURE										C. DATE SIGNED									
CARL, LING W. PRESIDENT																				11-18-80									

## COMMENTS FOR OFFICIAL USE ONLY

--	--	--	--	--	--	--	--	--	--



FOR OFFICIAL USE ONLY

APPLICATION APPROVED DATE RECEIVED (yr., mo., & day)

COMMENTS

FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is a first application or a revised application. If this is your first application and you already know your facility's EPA ID Number in Item I above.

☒ 1. EXISTING FACILITY (place an "X" below and provide the appropriate date)  
FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)

☐ 2. NEW FACILITY (complete item below.)  
FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN

☐ 3. REVISED APPLICATION (place an "X" below and complete Item I above)

☐ 1. FACILITY HAS INTERIM STATUS

☐ 2. FACILITY HAS A RCRA PERMIT

PROCESSES - CODES AND DESIGN CAPACITIES

PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.

2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:			Treatment:		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS	SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS	OTHER (Use for physical, chemical, or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided. Item III-C.)	T04	GALLONS PER DAY OR LITERS PER DAY
Disposal:					
INJECTION WELL	D79	GALLONS OR LITERS			
LANDFILL	D80	ACRE-Feet (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER			
LAND APPLICATION	D81	ACRES OR HECTARES			
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS			
UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE CODE
GALLONS	G	LITERS PER DAY	ACRE-Feet	A	
LITERS	L	TONS PER HOUR	HECTARE-METER	F	
CUBIC YARDS	Y	METRIC TONS PER HOUR	ACRES	B	
CUBIC METERS	C	GALLONS PER HOUR	HECTARES	Q	
GALLONS PER DAY	U	LITERS PER HOUR			

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

DUP

LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY	FOR OFFICIAL USE ONLY	LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY	FOR OFFICIAL USE ONLY
		1. AMOUNT (specify)	2. UNIT OF MEASURE (enter code)			1. AMOUNT	2. UNIT OF MEASURE (enter code)
X-1	S02	600	G	5			
X-2	S02	20	G	6			
	S02	100,000	G	7			
				8			
				10			



### III. PROCESSES (continued)

SPACE FOR ADDITIONAL PROCESS CODES FOR DESCRIBING OTHER PROCESSES (code "T0") FOR EACH PROCESS ENTERED HERE  
 INCLUDE DESIGN CAPACITY

The incoming material is analyzed for composition. Depending on the analyses the recovery processed is specified. This can be physical separation, filtration, treatment and or distillation to yield products suitable for commercial use. If the purification is not economical, the product is then blended into a specification quality industrial fuel.

### IV. DESCRIPTION OF HAZARDOUS WASTES

**A. EPA HAZARDOUS WASTE NUMBER** — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

**B. ESTIMATED ANNUAL QUANTITY** — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

**C. UNIT OF MEASURE** — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS . . . . .	P	KILOGRAMS . . . . .	K
TONS . . . . .	T	METRIC TONS . . . . .	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

### D. PROCESSES

#### 1. PROCESS CODES:

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

**NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER** — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

- Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
- In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
- Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

**EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below)** — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operations. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARDOUS WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	0054	900	P	T03D80	
X-2	0002	200	P	T03D80	
X-3	0001	100	P	T03D80	
X-4	0002				included with above



EPA I.D. NUMBER (enter from page 1)													FOR OFFICIAL USE ONLY														
W N J T 0 0 0 0 0 0 9 1 4 2 3 1													W DUP 3 2 DUP														
IV. DESCRIPTION OF HAZARDOUS WASTES (continued)																											
LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE IN STORAGE	C. UNIT OF MEASURE (enter code)	D. PROCESSES																							
				1. PROCESS CODES (enter)																							
				27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50
1	K 0 7 9	49,300 000	P											S 0 2													
2	K 0 8 1	175,500 000	P											S 0 2													
3	K 0 7 8	15 000	P											S 0 2													
4	F 0 0 5	21,000 000	P											S 0 2													
5																											
6																											
7																											
8																											
9																											
10																											
11																											
12																											
13																											
14																											
15																											
16																											
17																											
18																											
19																											
20																											
21																											
22																											
23																											
24																											
25																											
26																											



IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

E. USE THIS SPACE TO LIST ADDITIONAL ACCESS CODES FROM ITEM D(1) ON PAGE

A  
FG: 55      FG: 56

EPA I.D. NO. (enter from page 1)														
S	F	N	J	T	0	0	0	0	0	9	1	4	2	36
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)	LONGITUDE (degrees, minutes, & seconds)
<div style="display: flex; justify-content: space-around;"> <span>40</span><span>50</span><span>01</span><span>0</span> </div> <div style="display: flex; justify-content: space-between;"> <span>65</span><span>66</span><span>67</span><span>68</span><span>69</span><span>70</span><span>71</span> </div> <div style="text-align: right; margin-right: 10px;">N</div>	<div style="display: flex; justify-content: space-around;"> <span>07</span><span>4</span><span>0</span><span>6</span><span>0</span><span>2</span><span>0</span> </div> <div style="display: flex; justify-content: space-between;"> <span>72</span><span>73</span><span>74</span><span>75</span><span>76</span><span>77</span><span>78</span><span>79</span> </div> <div style="text-align: right; margin-right: 10px;">W</div>

VIII. FACILITY OWNER

☐ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER		2. PHONE NO. (area code & no.)	
SCIENTIFIC CHEMICAL PROCESSING INC.		201-747-8886	
3. STREET OR P.O. BOX		4. CITY OR TOWN	
411 WILSON AVE.		NEWARK	
5. ST.		6. ZIP CODE	
NJ		07072	

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type) CARL W. LING, PRESIDENT	B. SIGNATURE 	C. DATE SIGNED 11-18-80
--	------------------	----------------------------

X. OPERATOR CERTIFICATION

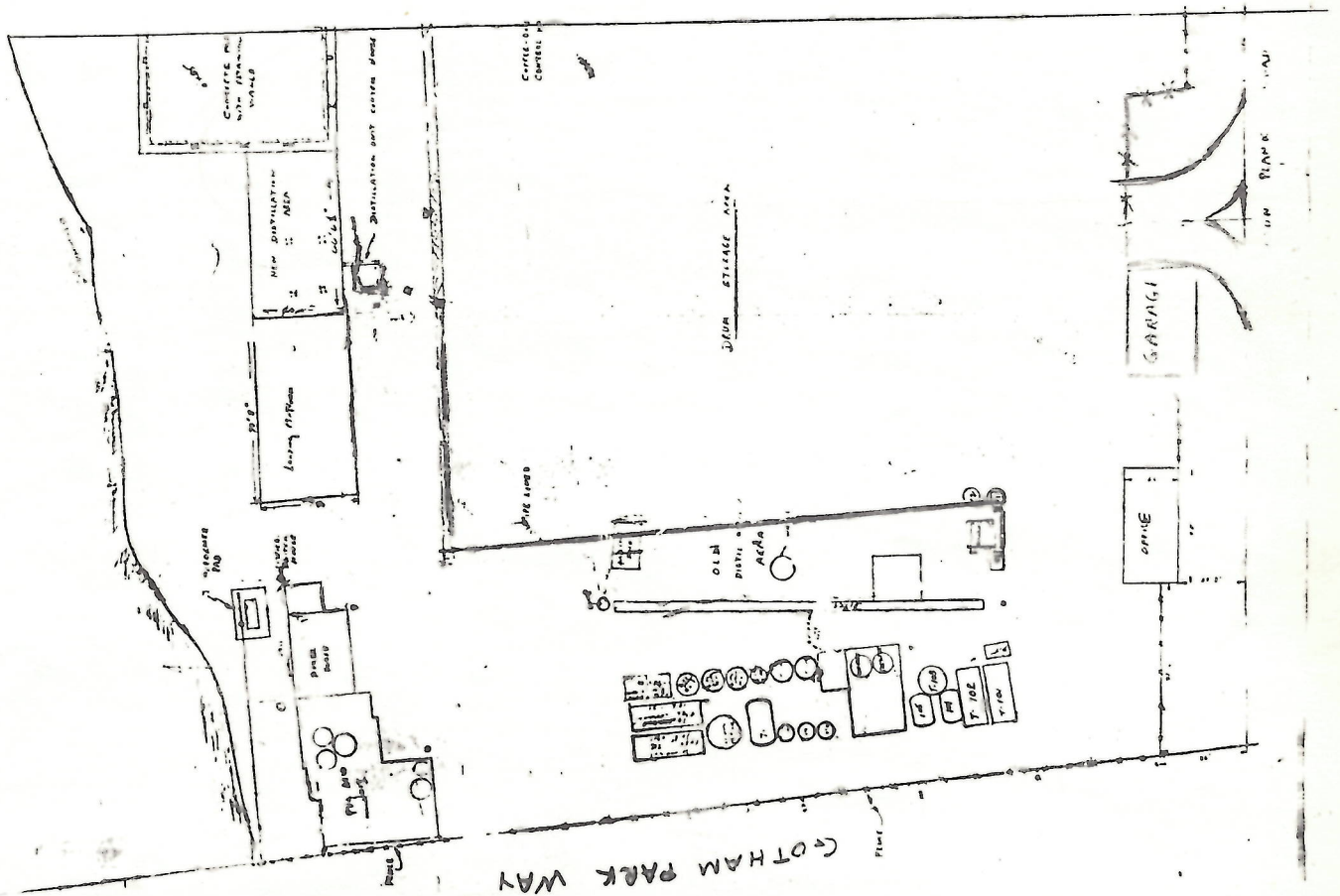
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type) CARL W. LING, PRESIDENT	B. SIGNATURE 	C. DATE SIGNED 11-18-80
--	------------------	----------------------------



NJT 000009142 SCIENTIFIC  
CHEM PROCESSING

## CHEM PROCESSING





# *Scientific Chemical Processing, Inc.*

411 WILSON AVE.

NEWARK, NEW JERSEY 07105

PHONE 201-589-7777

CARLSTADT, N.J. FACILITY

SECTION X EXISTING ENVIRONMENTAL PERMITS, PART E (other)

PERMIT NO. - 39817	36341	36831
36333	36342	36321
36334	36343	36320
36335	36344	36818
36336	36346	36816
36337	36345	36353
36338	36348	36352
36339	36347	36339
36352	36349	36338
36353	36350	36337
39816	36354	36336
39818	36356	36335
36327	36322	36334
36331	36323	36333
36340	36830	39817
		36324

BOROUGH OF CARLSTADT - SMOKE PERMIT NO. 945

U.S. EPA - DISCHARGE NO. NJ 0003212



9/22/82

NJT350011516

Getty Pipe Company  
So Plainfield Terminal  
South Plainfield, N.J.

TERMINAL SHUT DOWN  
Talked to Ms. Catherine Gerlach  
9/21/82 - (609) 662-5816 (Main Office)

NYT370010365

Huntington Coatings & Chemicals  
New Brunswick, N.J. 08903

PLANT CLOSED  
Letter in file dtd. 6/22/81

NJT000028423

BFT Chemical Services, Inc.  
Westville, NJ

UNABLE TO CONTACT COMPANY  
Phone number not theirs any more

NJT350014494

Benson's Tank Cleaning Co.  
Jamaica, N.Y.

UNABLE TO CONTACT COMPANY  
Company does not respond to phone call

NJT000028589

Scientific Chemical Processing, Inc.  
Newark, N.J.

NUMBER IS DISCONNECTED UNABLE TO CONTACT  
COMPANY

NJT00009142

Scientific Chemical Processing, Inc.  
Newark, N.J.

NUMBER IS DISCONNECTED - UNABLE TO  
CONTACT COMPANY.

*Call long*  
201-747-8886

201 589 7777

*Herbert Case*

*gh*  
*12/10/82*  
NJD070565403

*Code as a  
dead letter facility  
(2-303-23)*



NON-NOTIFIER SUPPLEMENTARY DATA RECORD

FACILITY ID #

NJD070565403

NJT000009142

FACILITY NAME

Scientific Chemical Processing

ADDRESS

216 Paterson Plank Road

Carlstadt, New Jersey 07072

DATA SOURCES USED:

NPDES 0003212

Mack Barnes, Plant Mgr.  
L.R. Sigmund, President

201-589-7777

FACILITY OPERATING STATUS:

Active

DESCRIPTION OF ACTIVITY:

Recovery and disposal of waste.  
Distillation of waste solvents.

MATERIALS USED IN ACTIVITIES:

waste solvents, waste chemicals

PRODUCTS MADE:

Various solvents such as methanol, toluene.

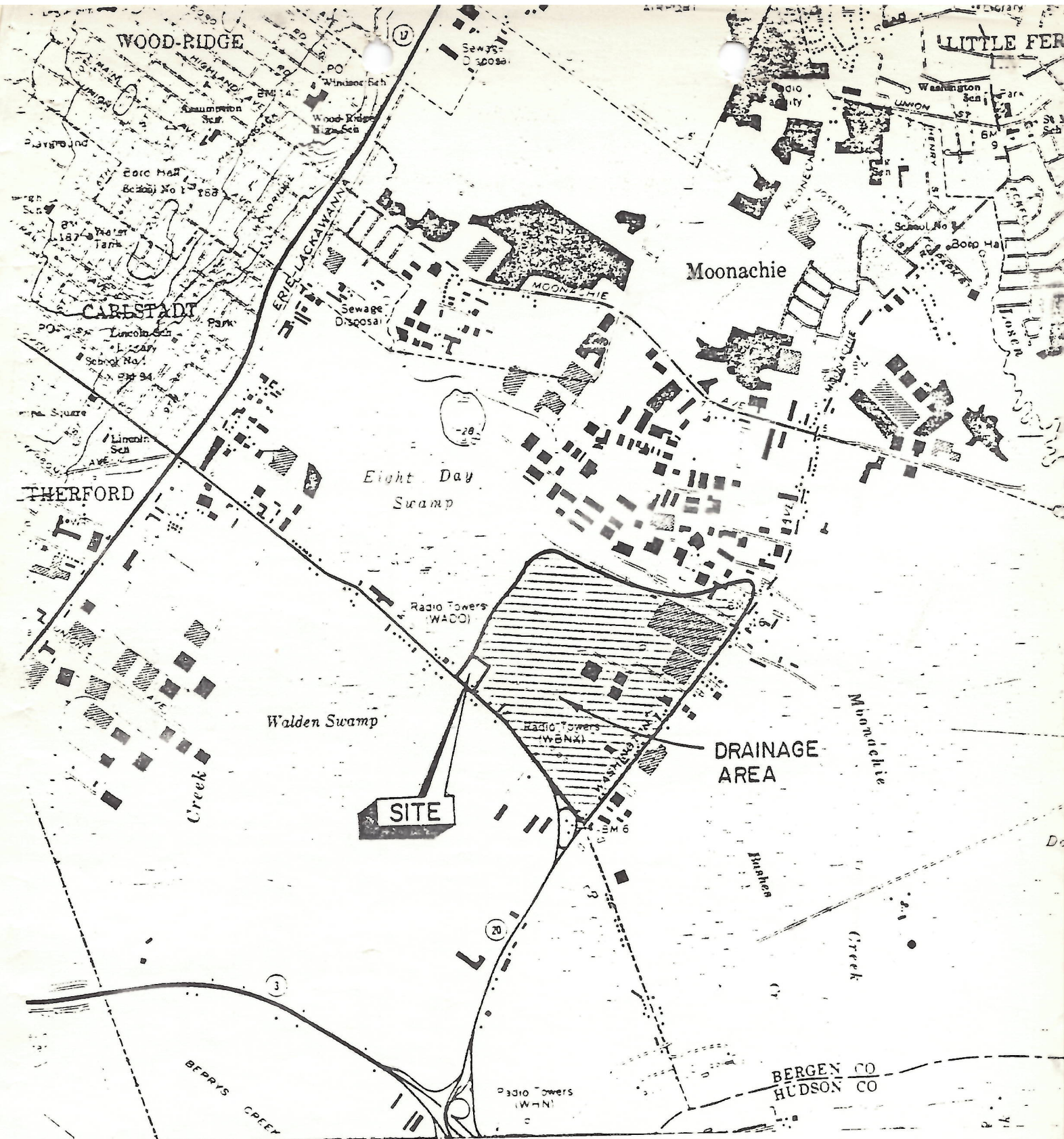
SIZE OF FACILITY (Production Volume, Quantity Waste Produced, No. Employees):

PROXIMITY OF FACILITY TO GROUNDWATER, SURFACE WATER, POTABLE WATER, WETLANDS:

2,000 gal. solvent/day. May ~~be~~<sup>be</sup> storage on property in drums.  
Discharge to Peach Island Creek.

OTHER PERMITS HELD BY FACILITY:





SOURCE: TOPOGRAPHY TAKEN FROM  
WEEHAWKEN, N. J. - N. Y.  
USGS QUADRANGLE, 1967

## LOCATION MAP

SCIENTIFIC CHEMICAL PROCESSING, INC.

BOROUGH OF CARLSTADT  
BERGEN COUNTY, NEW JERSEY

OCTOBER 1979

PROJECT No. 023691C8

SCALE: 1" = 2000'



NJD 070565403

NJT000009142

SCIENTIFIC CHEMICAL PROCESIN  
P O BOX 220  
PINEBROOK, NJ 07058



State of New Jersey  
Department of Environmental Protection and Energy  
Enforcement

Northern Bureau of Water And Hazardous Waste Enforcement  
1259 Route 46 - Building 2  
Parsippany, N.J. 07054

Scott A. Weiner  
Commissioner

Diane K. Weeks  
Assistant Commissioner

April 9, 1993

Dear Generator:

The New Jersey Department of Environmental Protection and Energy has reviewed its data base listing the amount of hazardous waste manifested off site by regulated generators. Our review indicates that your facility may fall into one of the following categories:

**Small Quantity Generator**

**One time clean up of a hazardous waste discharge**

If your facility does not generate hazardous waste and you wish to deactivate your EPA identification number, prefixed by the letters NJD or NJT, please contact the Bureau of Advisement & Manifest at the address listed below:

New Jersey Department of Environmental Protection & Energy  
Division of Hazardous Waste Regulation  
Bureau of Advisement & Manifest  
401 East State Street, CN 028  
Trenton, N.J. 08625

If your facility does generate hazardous waste, but never in quantities greater than 100 kilograms (220 pounds) of listed or characteristic waste, or 1 kilogram (2.2 pounds) of acutely hazardous waste, or 1001 gallons of waste oil in any one month, you may wish to deactivate your fully regulated generator (NJD) number and replace it with a small quantity generator (NJX) number. Applications for the (NJX) number can be obtained by calling Ms. Becky Bonfonti at (609) 292-7081.

Should you decide to retain your fully regulated generator number, your company will be subject to inspections and fees pursuant to N.J.A.C. 7:26-4A.

Should you have any questions concerning this matter, please call Mr. Dave Shotwell, Section Chief, at (201) 299-7592.

Sincerely,

Joseph M. Mikulka, Chief  
Northern Bureau of Water and  
Hazardous Waste Enforcement

Please Respond To:

Tel. #





UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION II  
26 FEDERAL PLAZA  
NEW YORK, NEW YORK 10278

201-589-7777  
Herbert  
Case Jr.

NJT000009142

SCIENTIFIC CHEMICAL PROCESSING, INC.  
LING, CARL W. PRESIDENT  
411 WILSON AVE.  
NEWARK NJ 07105

Installation ID Number

Installation Address

Number discontinued  
by 9/21/82

Subject: Notice of Issuance of a Permanent EPA  
Identification Number

Dear Sir:

Upon receipt of your organization's Notification of Hazardous Waste Activity form, your facility was assigned an identification number by the U.S. Environmental Protection Agency (EPA). This number appears on the label above and is unique for your installation's location. The EPA Identification Number is required on all hazardous waste manifest documents and should be used on any general correspondence you send to EPA or your State environmental agency.

You will note that the third character of your identification number contains a "T". Assignment of these "T" numbers to many hazardous waste handlers was done at the beginning of our hazardous waste program since it was the most expedient way to process their notifications.

We are now assigning to your organization a permanent EPA Identification Number. (Permanent numbers contain a "D" instead of a "T".) Enclosed is an acknowledgment which contains the permanent number which will be assigned to the location for which you originally notified us. Please note that this number change does not require you to re-submit a notification form. You will have 3 months from the date of this letter to adjust your records regarding this number change before your new, permanent number will become effective.

Should you have any questions on this matter, please write to my staff.

Sincerely yours,

*Richard A. Baker*

Richard A. Baker  
Chief  
Permits Administration Branch  
Office of Policy and Management

Enclosure



File → NJD070565403

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
REGION II

DATE: DEC 23 1988  
SUBJECT: Updating of Commercial Facilities  
FROM: George C. Meyer, Chief  
Hazardous Waste Compliance Branch  
TO: Laura J. Livingston, Chief  
Public Administration Branch

DEC 27 11 8 42

12/28/88

We have reviewed your comparison in a memo dated 12/4/88 between the list of off-site facilities and a retrieval of commercial facilities pulled from HWDMS and came to the conclusion that the following list should be classified as "inactive".

Scientific Chem.	EPA I.D. No. NJD070565403
TP Ind.	EPA I.D. No. NJD048810279
S & W	EPA I.D. No. NJD096865837
Booth Oil	EPA I.D. No. NYD002131860
ENRX	EPA I.D. No. NYD991291782
Frontier Chem.	EPA I.D. No. NYD991292053
Resolve MFG	EPA I.D. No. NYD980592653

Remove  
Commercial  
flag  
C302

The following list should be flagged as "Commercial Facilities".

CP Chem.	EPA I.D. No. NJD002141950
Cylinder Recon.	EPA I.D. No. NJD000632240
Detrex	EPA I.D. No. NJD047318043
S & W	EPA I.D. No. NJD991291105
Safety Kleen	EPA I.D. No. NJD069039626
Envirotek	EPA I.D. No. NYD038641601
Mercury Ref.	EPA I.D. No. NYD048148175

Add  
C302 = 1

If you have any question, please contact me at Ex. 8356 or have your staff contact Dit Cheung at Ex. 4-6142.

cc: J. Golumbek, HWC  
H. Mulholland, HWC

Please call Dit Cheung regarding Safety Kleen NJD000768101. It is on the off-site list but he has not asked us to add the commercial flag. Please confirm that that is what he wants.



~~NJD054050703~~  
UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

17 DEC 1982

Scientific Chemical Processing, Inc., of Newark, N. J.  
(NJD054050703) and Carlstadt, N. J. (NJD070565403)

Richard A. Baker, Chief  
Permits Administration Branch

Walter Mugdan, Acting Chief  
General Enforcement Branch

The two facilities cited above notified and submitted Part A permit applications as TSD facilities, and subsequently received interim status under RCRA.

Recently our efforts to notify them of their change from temporary to permanent ID numbers were unsuccessful. Written notices were returned, stamped "Moved left no address." Our efforts to reach them by phone were equally futile - their numbers have been disconnected.

In view of the fact that we never received a closure plan, or even a notice of closure, from either facility, it seems that some type of enforcement action would be in order.

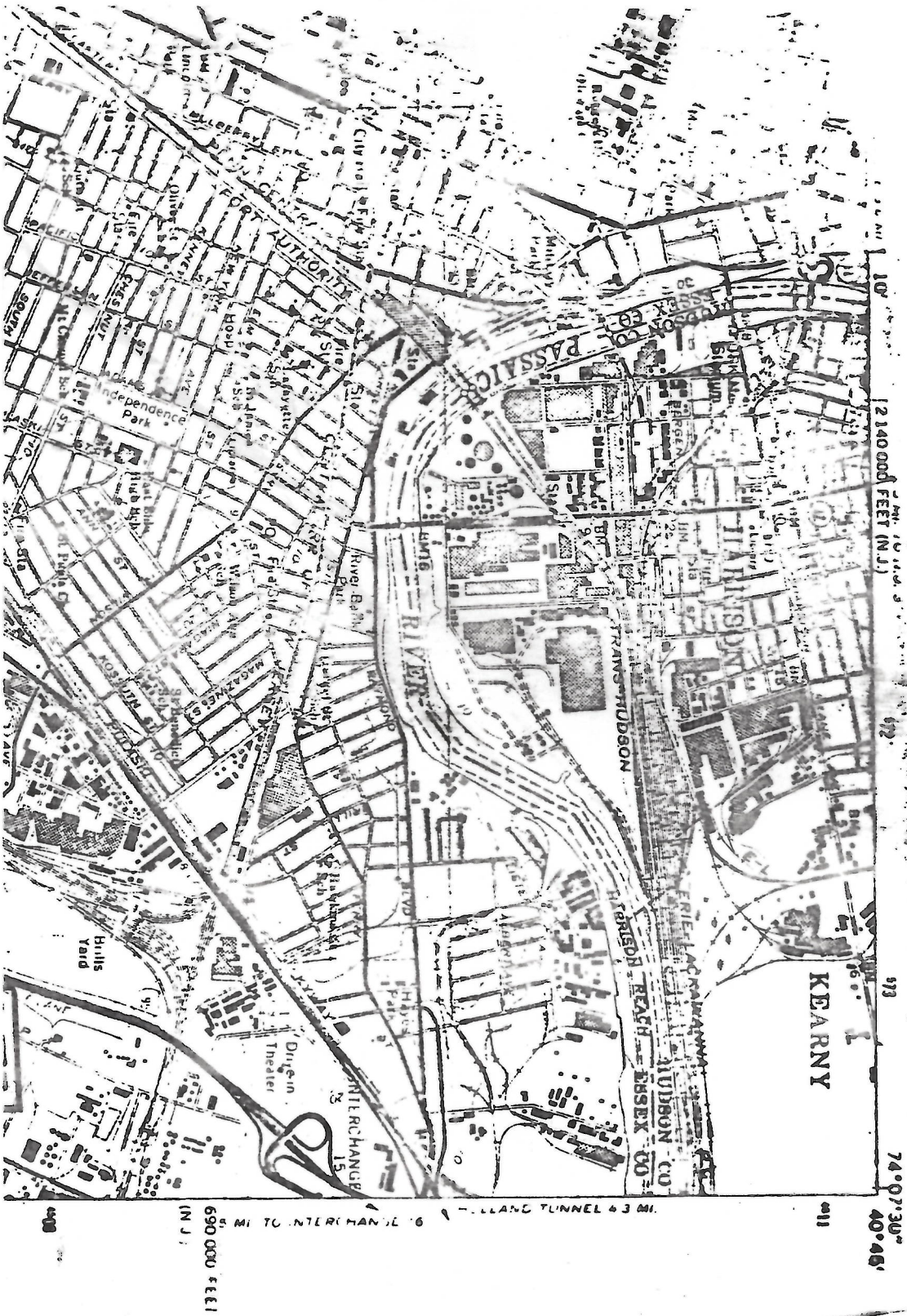
2PM-PA:Hajduk:sj 11/23/82

CONCURRENCES

SYMBOL	2PM-PA	2PM-PA	2PM-PA				
SURNAME	Hajduk	Taccone	Baker				
DATE	11/23/82	12/6/82	12/6/82				



UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY



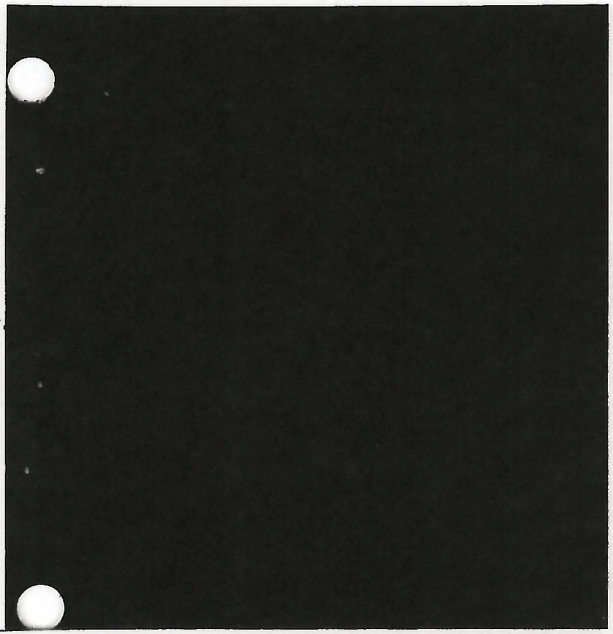




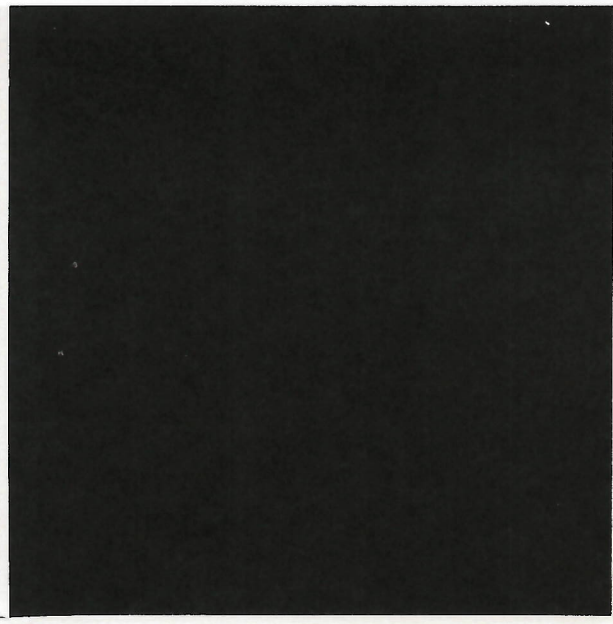




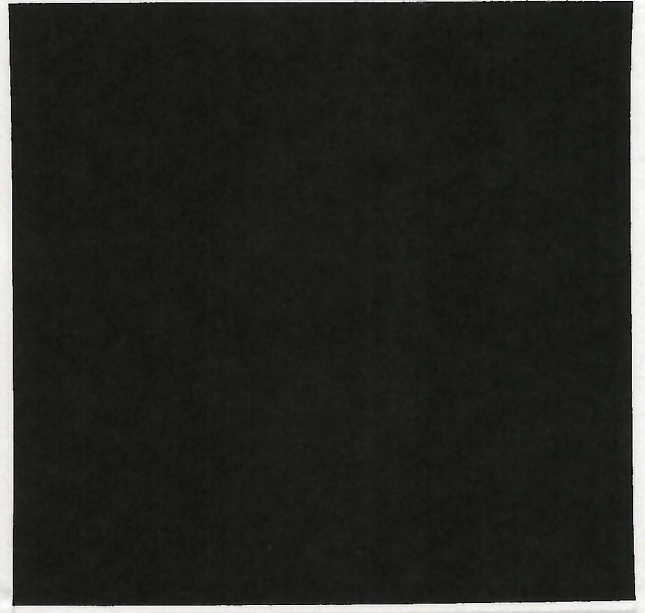




370 12/12/80 POLAROID  
SCP Processing Area  
NJD 070 565 403 W. Cam



370 12/12/80 POLAROID  
Picture of Carlstatth Serdy  
1/8/80 ... 2-Go Human  
NJD 070 565 403



207 575 060 05 IV  
C/22/80  
NJD 070 565 403



# FOIA Report of Non-Sensitive Compliance Monitoring and Enforcement Data

Report run on: December 10, 2014 - 4:49 PM

Version 5.0

## User Selection Criteria

<b>Location:</b>	New Jersey, all activities	<b>Activity Location:</b>	None Chosen
<b>Handler ID:</b>	NJD070565403	<b>Group of IDs:</b>	None Chosen
<b>Handler Name:</b>			
<b>Handler Universe:</b>	All Facilities Regardless of Universe		
<b>Determined Date Range:</b>	From: 10/01/1980 To: 12/10/2014		
<b>Location County Code:</b>	None Chosen	<b>Evaluation Type:</b>	
<b>Location City:</b>		<b>Focus Area:</b>	
<b>Location Zip Code:</b>		<b>Violation Type:</b>	
<b>State District:</b>	None Chosen	<b>Display Code Descrip.:</b>	Yes
<b>Sort Order:</b>	Region, State, Handler Name	<b>Display Universes:</b>	Yes

## Results

Data meeting the criteria you selected follows.

Total Pages:4      Total Handlers:1

## Report Description

This report presents available information from the Resource Conservation and Recovery Act Information System (RCRAInfo) about compliance evaluations, violations, and enforcement actions meeting the criteria supplied by the user. Evaluations showing no violations indicate that no violations were determined. Violation without enforcement actions does not always mean no enforcement action will be issued. In order to avoid releasing enforcement sensitive information to the public the following information is not shown on the report: pending civil / judicial referrals, criminal actions and referrals, and State to EPA referrals; all other enforcement actions are released.

## Report Information

**Name:** cme\_foia.rdf  
**Developed by:** EPA Headquarters, Office of Enforcement and Compliance Assurance  
**Deployed:** June 2006  
**Last Updated:** May 2012  
**Contact:** rcrainfo\_help@epa.gov  
**Tables Used:** cmecomp3, ccitation3, hreport\_univ5, lu\_citation, lu\_state, hid\_groups  
**Libraries:** none



# FOIA Report of Non-Sensitive Compliance Monitoring and Enforcement Data

Report run on: December 10, 2014 - 4:49 PM

## Description of codes used on the report:

Universes	Description of Universes
<b>Generator</b>	Indicates that the facility is a Large Quantity Generator (LQG), Small Quantity Generator (SQG), Conditionally Exempt Small Quantity Generator (CEG), or not a generator (N).
<b>Transporter</b>	Indicates that the facility Transports waste subject to RCRA regulations. ('Y' indicates that the facility is in this universe).
<b>Operating TSDF</b>	Indicates that the facility is a Treatment, Storage or Disposal facility subject to any type of enforcement. It then specifies the type of facility (L - Land Disposal; I - Incinerator; B - BIF; S - Storage; T - Treatment)
<b>IC in Place</b>	Indicates that the facility has Institutional Controls in place. ('Y' indicates that the facility is in this universe).
<b>EI Indicator (HE / GW)</b>	Indicates that the facility has controls in place for Environmental Indicators. HE - Human Exposures ('+' indicates the exposure exists and is under control; '-' indicates the exposure exists and is not under control; 'N' indicates the exposure does not exist) GW - Groundwater Release ('+' indicates the exposure exists and is under control; '-' indicates the exposure exists and is not under control; 'N' indicates the exposure does not exist)
<b>Short-Term Gen Transfer Facility</b>	Indicates that the facility is a short term or one time event generator and not generating from ongoing processes.
<b>Offsite Receiver</b>	Indicates that the facility transfers hazardous waste.
<b>HSM</b>	Indicates that the facility, whether public or private, currently accepts hazardous waste from another site (site identified by a different EPA ID). Indicates that the facility manages hazardous secondary material(s) (e.g. spent material, by-product or sludge) that when discarded, would be identified as hazardous waste.
<b>Subpart K</b>	Indicates that the facility has opted into the subpart K laboratory rule. It then specifies the type of facility (C - College or University; H - Teaching Hospital; N - Non-profit Research Institute; W - withdrawal from the rule)
<b>Full Enforcement</b>	Indicates that the facility is a Treatment, Storage or Disposal facility which is part of the Full Enforcement universe. It then specifies the type of facility (L - Land Disposal; I - Incinerator; B - BIF; S - Storage; T - Treatment)
<b>CA Workload</b>	Indicates that the facility is part of the Corrective Action Workload universe. ('Y' indicates that the facility is in this universe).
<b>Active State Gen</b>	Indicates that the facility is an Active State Generator. ('Y' indicates that the facility is in this universe).
<b>Converter</b>	Indicates that the facility is a Converter Treatment, Storage or Disposal facility. It then specifies the type of facility (L - Land Disposal; I - Incinerator; B - BIF; S - Storage; T - Treatment)
<b>State TSDF</b>	Indicates that the facility is a State Treatment, Storage or Disposal facility. It then specifies the type of facility (L - Land Disposal; I - Incinerator; B - BIF; S - Storage; T - Treatment)
<b>State Unaddressed SNC</b>	Indicates that the facility is a State Unaddressed Significant Non-Complier. ('Y' indicates that the facility is in this universe).
<b>State Addressed SNC</b>	Indicates that the facility is a State Addressed Significant Non-Complier. ('Y' indicates that the facility is in this universe).
<b>State SNC w/ Compl. Sched</b>	Indicates that the facility is a State Significant Non-Complier with a Compliance Schedule. ('Y' indicates that the facility is in this universe).
<b>EPA Unaddressed SNC</b>	Indicates that the facility is an EPA Unaddressed Significant Non-Complier. ('Y' indicates that the facility is in this universe).
<b>EPA Addressed SNC</b>	Indicates that the facility is an EPA Addressed Significant Non-Complier. ('Y' indicates that the facility is in this universe).
<b>EPA SNC w/ Compl. Sched</b>	Indicates that the facility is a EPA Significant Non-Complier with a Compliance Schedule. ('Y' indicates that the facility is in this universe).

\* Note: Penalty amount may not reflect all violations cited.